

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09800889</div>	FILING DATE <div style="font-size: 1.2em; font-family: cursive;">03.08.01</div>					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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48							98						
49							99						
50							100						
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	16						TOTAL DEP.						
TOTAL CLAIMS	24						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS

FORM PTO-1250 (REV. 3-78)

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